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Article

Health at a Glance

Select health indicators of First Nations people living off reserve, Métis and Inuit

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.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0^s	value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
^{p}	preliminary
^{r}	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
^{E}	use with caution
F	too unreliable to be published
*	significantly different from reference category ($p < 0.05$)

by Linda Gionet and Shirin Roshanafshar

Highlights

- In 2007–2010, First Nations people living off reserve, Métis, and Inuit reported poorer health compared with non-Aboriginal people. First Nations people[1] and Métis were more likely to report higher rates of chronic conditions compared with the non-Aboriginal population.
- Smoking rates were over two times higher among the three Aboriginal groups than the non-Aboriginal population. Aboriginal people were also twice as likely to be exposed to second-hand smoke in the home.
- Aboriginal adults had higher obesity rates: First Nations people—26%; Inuit—26%; and Métis—22%; compared to 16% for non-Aboriginal adults.
- All three Aboriginal groups were more likely to experience household food insecurity than the non-Aboriginal population. The rates were 27% of Inuit, 22% of First Nations people and 15% of Métis compared with 7% of non-Aboriginal people.
- Métis and First Nations people were more active during leisure time than their non-Aboriginal counterparts. Inuit reported a stronger sense of belonging to their community and a high satisfaction with life.

The health of First Nations people, Métis and Inuit has been greatly affected by rapid societal changes in the last half century.[2] They face the same health issues as the general population as well as their own challenges. Monitoring the health of Aboriginal groups, however, is limited by a lack of data.

The Canadian Community Health Survey (CCHS) provides a wealth of information on many aspects of Canadians' health, and in recent years it included questions about Aboriginal identity for First Nations people, Métis and Inuit. The CCHS, however, was not designed for these specific populations. Furthermore, it does not include children under 12 years of age and its geographic coverage excludes reserves, as well as some northern and remote areas. Thus, the Health Statistics Division evaluated CCHS data to determine if it could be used to describe the health of Aboriginal peoples.[3]

The evaluation compared CCHS questions with similar ones from the Aboriginal Peoples Survey, and found that both yielded similar results. The evaluation also explored the number of years of data that had to be combined to produce health indicators at more detailed levels—by age and sex. Four cycles, 2007 to 2010, were considered enough to yield reliable estimates for most indicators.[4]

As a result, Statistics Canada combined the CCHS data collected from 2007 to 2010 to create two data tables (CANSIM tables: CANSIM table105-0512 and CANSIM table105-0513). The tables cover a range of

Key demographics of the Aboriginal population: 2006 Census

- There were 1,172,790 people who identified themselves as an Aboriginal person— that is, North American Indian (First Nations people), Métis and Inuit.[5,6]
- Within the Aboriginal population, 60% were First Nations people, 33% were Métis, 4% were Inuit and 3% were of multiple or other Aboriginal identities.[7]
- Among First Nations people, 43%[8] of them lived on reserve[9,10] while the rest lived off reserve.
- Most Inuit, 78%, lived in Inuit Nunangat (an Inuktitut expression for 'Inuit homeland'), which consists of four Inuit regions across the Arctic. Ontario and the western provinces were home to 83% of First Nations people and 87% of Métis.[8]
- From 1996 to 2006, the First Nations population, both on and off reserve, grew 29%; the Métis, 91% and Inuit, 26%.[5] The growth of the Aboriginal population is partly because more people self-identified as an Aboriginal person in 2006 than in 1996. This is especially the case among Métis.[11]
- Aboriginal people are younger than the non-Aboriginal population. The median age of First Nations people living off reserve was 26 years in 2006; of those on reserve, 25; Métis, 30; Inuit, 22; and non-Aboriginal people, 40.[8]

health indicators for First Nations people, Métis, Inuit and the non-Aboriginal population; the indicators are broken down further by sex, three age groups, and by province and territory.

This article presents selected findings from this CCHS dataset (2007 to 2010). Health data for First Nations people, Métis and Inuit are compared with the non-Aboriginal population on a variety of topics. A subset of the results is also featured in the **List of Health Indicators**.

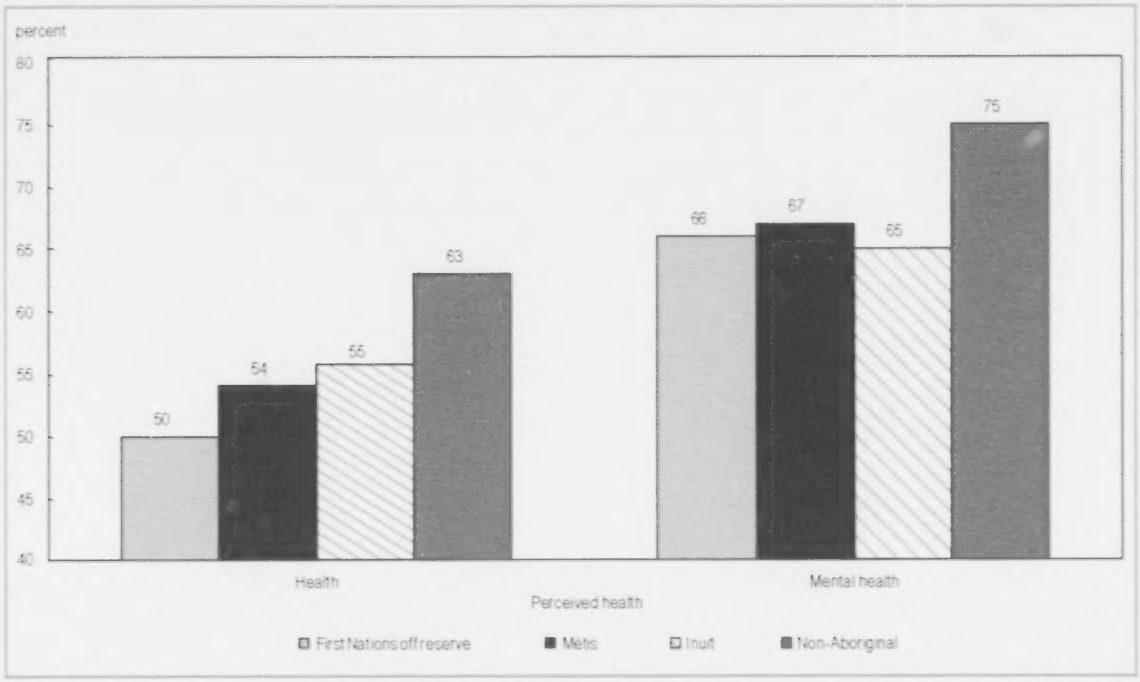
Overall health

CCHS data revealed poorer self-reported health among First Nations people, Métis, and Inuit compared with non-Aboriginal people (Chart 1). This is consistent with findings from other surveys that focused on the Aboriginal population.

Higher rates of chronic conditions partly explain the poorer self-reported health among First Nations people and Métis. Fifty six percent of First Nations people and 55% of Métis reported being diagnosed with one or more chronic conditions, compared with 48% of non-Aboriginal people.

Inuit (43%) were the least likely to report having one or more diagnosed chronic conditions. However, this may be partly due to having **less access to doctors** who can diagnose their conditions. According to the 2007-2010 CCHS, 83% of non-Aboriginal people have a regular medical doctor, compared with 44% of Inuit. In fact, most Inuit communities are served by a nursing station only and accessing hospital services can require extensive travel.[12]

Chart 1
Very good or excellent perceived health by Aboriginal and non-Aboriginal populations, aged 12 and over, Canada



Notes:
1. The data were age standardized to the Aboriginal identity population, 2007-2010.
2. The difference between the estimate for each Aboriginal population and the estimate for the non-Aboriginal population is statistically significant.
3. Inuit data do not include Nunavik and some remote communities.

Source: Statistics Canada, Canadian Community Health Survey 2007-2010.

Less access to doctors in the North (2006 Aboriginal Peoples Survey)

Inuit in Inuit Nunangat aged 15 years and older were more likely to have contact with a nurse (70%) than with a family doctor or general practitioner (46%). Inuit living in the rest of Canada were more likely to have contact with a family doctor or general practitioner (71%) than with a nurse (39%).[13]

Certain diagnosed chronic conditions, such as respiratory problems which are associated with smoking, were more common among the Aboriginal population than their non-Aboriginal counterparts.[14,15]

All three groups had higher rates of asthma (13-14%[15]) compared with the non-Aboriginal population at 9%. Inuit, aged 25 to 44 years had a particularly high rate of asthma at 22%.[15] Asthma is a chronic disease that renders breathing passages (airways) extra sensitive, making breathing difficult. Poor indoor air quality, ventilation and poor **housing conditions** contribute to high rates of asthma among Inuit.[16]

Housing conditions reported in the 2006 Census

Inuit were ten times more likely (31%) than non-Aboriginal people (3%) to live in crowded homes—dwellings with more than one person per room—in Canada.

While Inuit have traditionally lived in multi-family groupings, a number of reports have suggested that the high rate of families sharing a home may be due to the serious shortage of housing in many communities throughout Inuit Nunangat.[16]

Inuit were four times more likely to live in homes in need of major repairs (28%) than non-Aboriginal people (7%). Major repairs include defective plumbing or electrical wiring, as well as structural repairs to walls, floors or ceilings.

First Nations people and Métis were also more likely to report that chronic conditions or health problems limited their ability to undertake some activities than the non-Aboriginal population.

Health behaviours

Higher rates of daily smoking and heavy drinking were reported by all three Aboriginal groups than by the non-Aboriginal population.

First Nations people's smoking rate was 32%; Métis, 30%; and Inuit, 39%, compared with 15% among non-Aboriginal people (Chart 2). Inuit youth aged 12 to 24 reported a rate of 33%, compared with 11% of non-Aboriginal youth.

Inevitably, smoking also exposes non-smokers to carcinogens that can lead to cancer, and contributes to other diseases such as asthma, heart disease and emphysema.[17] All three groups were more likely to be exposed to second-hand smoke in the home, compared with 7% of non-Aboriginal people. Métis youth, aged 12 to 24 years, experienced an especially high rate of exposure at 24%.

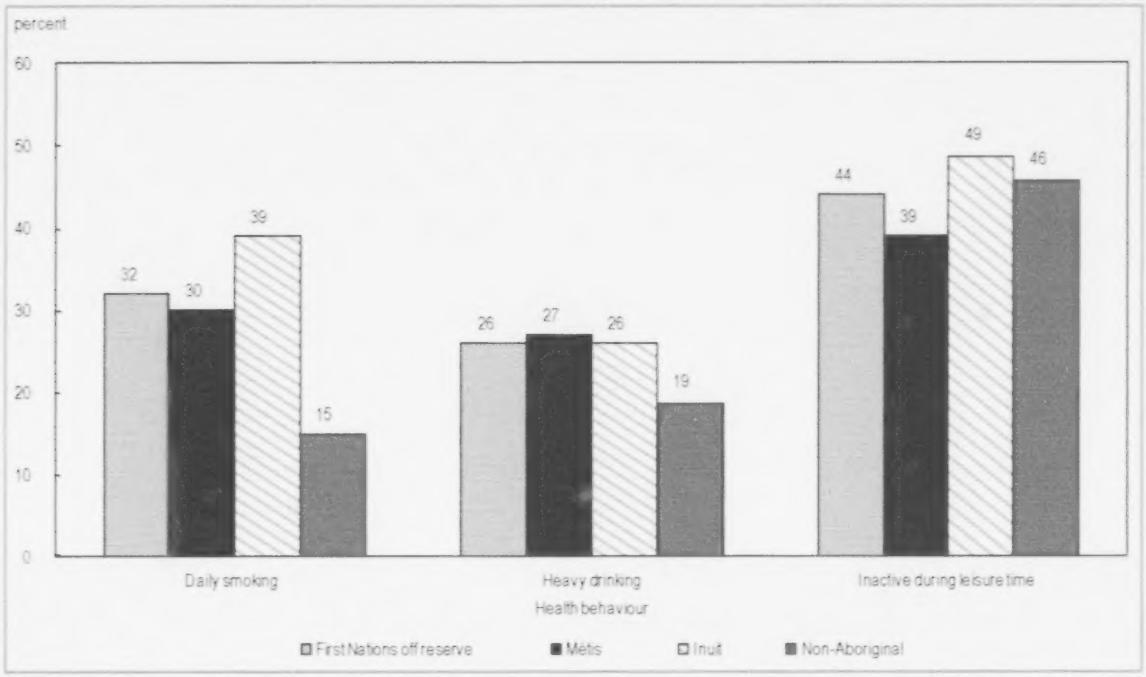
Heavy drinking is also linked to a host of health problems.[18] All three groups were more likely to drink heavily than non-Aboriginal people. Focusing on heaving drinking, however, masks a more complex reality. Among these groups, for instance, there were high rates of people who did not drink. That is, 34% of Inuit and 29% of First Nations people did not consume alcohol in the past year compared with 24% of non-Aboriginal people.

Non-Aboriginal people were less physically active than Métis and First Nations people.[19] In 2007–2010, 46% of non-Aboriginal people were inactive during leisure time, compared with 44% of First Nations people and 39% of Métis.

Obesity

Obesity is recognized as a major public health problem in Canada[20] and the rates are high among Aboriginal people.[21] For adults aged 18 years and older,[22] self-reported height and weight were used to compute body mass index (BMI) to explore obesity. The obesity rate for First Nations people was 26%. It was 22% for Métis, 26% for Inuit and 16% for non-Aboriginal people (Chart 3). However, all groups had similar rates for the overweight category. Although BMI is commonly used to assess a person's weight, there is debate as to whether the same cut-offs are appropriate for Inuit.[23,24,25]

Chart 2
Select health behaviours by Aboriginal and non-Aboriginal populations, aged 12 and over, Canada



Notes:

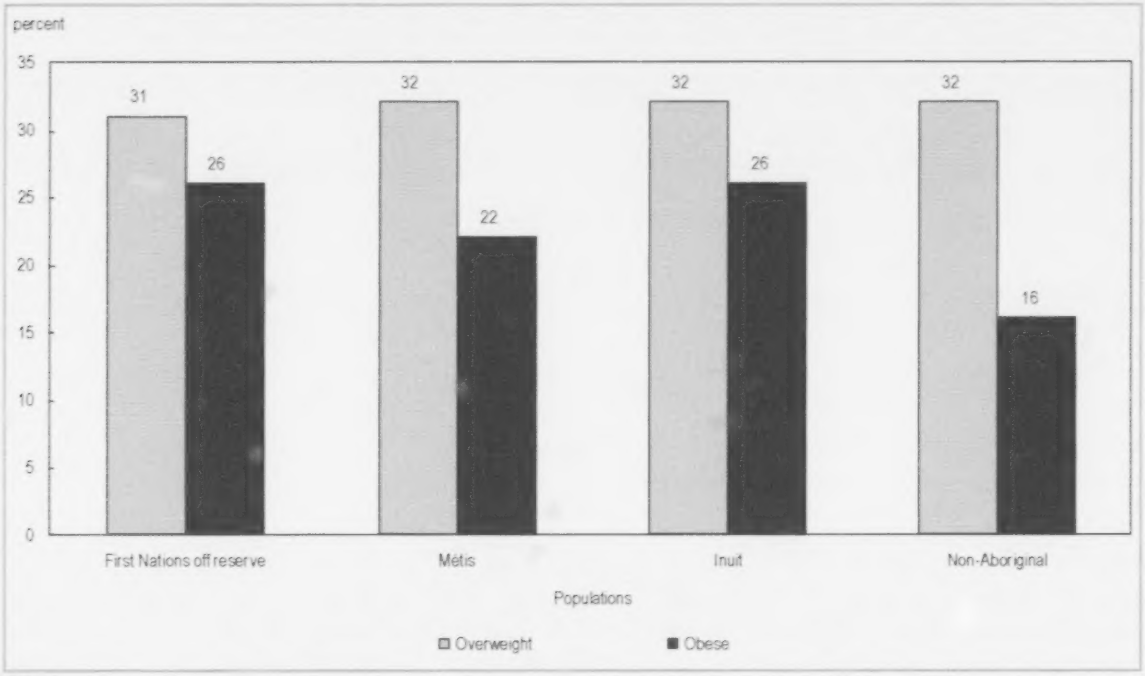
1. The data were age standardized to the Aboriginal identity population, 2007-2010.
2. The difference between the estimate for each Aboriginal population and the estimate for the non-Aboriginal population is statistically significant.
3. Inuit data do not include Nunavik and some remote communities.
4. Heavy Drinking: Having five drinks or more on one occasion at least once a month during the past year.
5. Smoking: Current smokers who smoke daily.
6. Inactive during leisure time: average daily physical activity of respondents over the past 3 months has been used for this measure. Inactive respondents are those where the sum of the average daily energy expenditures of all their leisure time activities is less than 1.5 kcal/kg/day.

Source: Statistics Canada, Canadian Community Health Survey 2007-2010.

Childhood and youth weight problems are a particular challenge for Aboriginal people, whose population is younger than the non-Aboriginal population (see **Key demographics**). Métis (28%) and First Nations (26%) youth aged 12 to 17 were more likely to be overweight or obese than their non-Aboriginal counterparts (19%).

Diabetes is one of many health issues related to obesity.[26] According to the Canadian Diabetes Association, most people with diabetes are overweight or obese, and Aboriginal people face a high risk of developing the disease.[27] Although diabetes was rare among the Aboriginal population in North America prior to 1940, it has now reached epidemic levels in some communities.[28,29] First Nations people, in particular, were more likely to report being diagnosed with diabetes than non-Aboriginal people. This difference was most pronounced for those 45 years and older, where 19% of First Nations and 11% of the non-Aboriginal population were diabetic.[30]

Chart 3
Percentage of population who are overweight or obese by Aboriginal and non-Aboriginal populations, aged 18 and over, Canada



Notes:
1. The data were age standardized to the Aboriginal identity population, 2007-2010.
2. The difference between the estimate for each Aboriginal population and the estimate for the non-Aboriginal population is statistically significant.
3. Inuit data do not include Nunavik and some remote communities.
4. Overweight: Repondents with self reported height and weight which resulted in BMI of 25 to 29.99.
5. Obese: Repondents with self reported height and weight which resulted in BMI of 30 or greater.

Source: Statistics Canada, Canadian Community Health Survey 2007-2010.

Household food insecurity

Food security is commonly understood to exist in a household when all people, at all times, have access to adequate, safe and nutritious food.[31] Conversely, food insecurity occurs when food quality and/or quantity are compromised; this is typically associated with limited financial resources.[32]

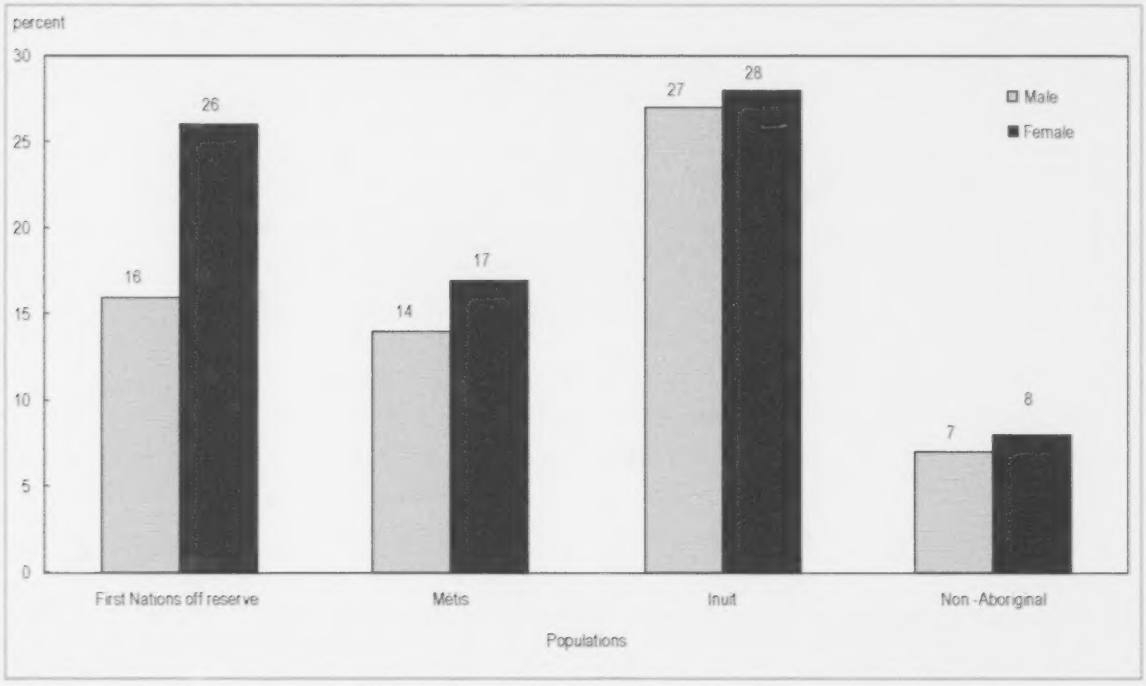
Low-income families face many obstacles to consuming a nutritious diet, including limited access to fresh produce. Moreover, there tend to be fewer grocery stores or farmers' markets in low-income neighbourhoods.[33] These findings are relevant for First Nations people, Métis and Inuit, who had lower median incomes than the non-Aboriginal population according to the 2006 Census.[34,35]

Health complications associated with food insecurity can range from malnutrition to obesity. Although it may seem contradictory, people who experience food insecurity are more likely to be obese. One possible reason is that people with lower incomes may have less access to affordable healthy food. Instead, they consume low-cost, high calorie foods.[36,37]

Among First Nations people 12 and older, 22% lived in households that experienced food insecurity, three times the proportion of non-Aboriginal people at 7% (Chart 4). Fifteen percent of Métis, and 27% of Inuit also lived in food-insecure households. Food insecurity was a problem for a larger percentage of First Nations females (26%), than First Nations males (16%). One contributing factor may be that lone-parent families are more likely to be headed by females and the percentages are higher among the Aboriginal population.[38]

The high cost of food in the North contributes to food insecurity. In most isolated communities, it may cost $360 to $450 a week to provide a nutritious diet for a family of four, compared with about $200 to $250 in the South.[39]

Chart 4
Moderate or severe household food insecurity by Aboriginal and non-Aboriginal populations and by sex, aged 12 and over, Canada



Notes:
1. The data were age standardized to the Aboriginal identity population, 2007-2010.
2. The difference between the estimate for each Aboriginal population and the estimate for the non-Aboriginal population is statistically significant.
3. Inuit data do not include Nunavik and some remote communities.
4. Food insecurity: indication of compromise in quality and/or quantity of food consumed or reduced food intake and disrupted eating patterns.

Source: Statistics Canada, Canadian Community Health Survey 2007-2010.

Life expectancy in Inuit Nunangat

Life expectancy in the Inuit regions (Inuit Nunangat) is 70.8 years. This is about 10 years lower than in the rest of Canada where it is 80.6 years.[40] Smoking-related causes of death contribute significantly to the years of life lost—lung cancer and respiratory diseases account for 21% of all deaths in Inuit Nunangat.[41,42]

Amidst the harsh conditions of living in the North, Inuit maintain a strong sense of community. Specifically, 81% of Inuit reported a strong sense of belonging to their local community compared with 65% of non-Aboriginal people. The majority of Inuit (92%) also reported they were satisfied with life, similar to the rate for non-Aboriginal people (93%), while First Nations people (89%) and Métis (90%) reported lower rates.

Summary

The CCHS data reaffirmed that the health profiles for Métis, Inuit and First Nations people differs from the general population.[43] Aboriginal people were more likely to report having respiratory problems and other chronic conditions. All three Aboriginal groups were also more likely to report unhealthy behaviours, namely smoking and heavy drinking compared to the non-Aboriginal population.

Métis, Inuit and First Nations people had high rates of obesity and household food insecurity. Among specific groups, First Nations people's diabetes rates were particularly high for those aged 45 and over. Inuit had the highest rates of smoking and household food insecurity; and Métis youth were more likely to be exposed to second-hand smoke at home.

Linda Gionet and Shirin Roshanafshar are analysts with the Health Statistics Division.

The authors wish to acknowledge Teresa Janz, Brenda Wannell and Lawson Greenberg for their contributions.

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1. For the remainder of the article, the term "First Nations people" refers to the First Nations population living off reserve.
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5. 'Aboriginal identity' refers to those persons who reported identifying with at least one Aboriginal group: North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a Registered Indian, as defined by the *Indian Act* of Canada, and/or those who reported being members of an Indian Band or First Nation. Source: Statistics Canada. Aboriginal Statistics at a Glance, 2010. Available at: http://www.statcan.gc.ca/pub/89-645-x/89-645-x2010001-eng.htm. Accessed November 27, 2012.
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7. Statistics Canada. Aboriginal identity population, 2006 counts, percentage distribution, percentage change, 2006 counts for both sexes, for Canada, provinces and territories - 20% sample data. *Aboriginal Peoples Highlight Tables, 2006 Census.* 2009. Available at: http://www12.statcan.ca/census-recensement/2006/dp-pd/hlt/97-558/pages/page.cfm?Lang=E&Geo=PR&Code=01&Table=3&Data=Count&Sex=1&StartRec=1&Sort=2&Display=Page. Accessed December 19, 2012.

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9. The 'on-reserve' population is defined according to criteria established by Aboriginal Affairs and Northern Development Canada (AANDC). For a detailed definition, see the 2006 Census Dictionary: Statistics Canada. *More information on Census subdivision (CSD).* 2011. Available at: http://www12.statcan.gc.ca/census-recensement/2006/ref/dict/geo012a-eng.cfm. Accessed November 27, 2012.

10. Some Indian reserves and settlements did not participate in the census as enumeration was not permitted, or it was interrupted before completion.

11. This phenomenon is akin to 'ethnic mobility', where there are "changes over time in the ethnic identity that individuals report." Source: Guimond, É. Ethnic mobility and the demographic growth of Canada's Aboriginal populations from 1986 to 1996. *Report on the Demographic Situation in Canada.* Statistics Canada Catalogue no. 91-209-X. Issue 1998 and 1999, 195-209.

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14. Within the CCHS, respiratory problems include asthma, chronic bronchitis, emphysema and chronic obstructive pulmonary disease.

15. The Inuit statistic should be used with caution.

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19. Respondents' leisure-time physical activity was based on a list of common activities. This list, however, was designed for the total Canadian population and may not include activities that are more relevant to the Aboriginal population. For instance, the Aboriginal Peoples Survey includes the following activities that are not listed in the CCHS, namely: hunting/trapping, canoeing or berry picking.

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21. According to Willows, "The ominous chronic disease profile among Aboriginal people in Canada highlights an urgent need for effective, culturally appropriate obesity prevention strategies." Source: Willows ND, Hanley AJ, Delormier T. A socioecological framework to understand weight-related issues in Aboriginal children in Canada. *Appl Physiol Nutr Metab.* 2012;37(1):1-13.

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34. According to the 2006 Census, the median total incomes were $27,728 for Métis, $24,782 for Inuit and $19,114 for First Nations people (both on and off reserve) compared with $33,394 among non-Aboriginal people. Source: Statistics Canada, *Aboriginal Statistics at a Glance*. See reference in note no. 5.

35. Median total income includes earnings from all sources including employment income as well as government transfers. The median income is the middle value where half of the specified population earns more and half the population earns less.

36. Willows ND, Hanley AJG, Delormier T. A socioecological framework to understand weight-related issues in Aboriginal children in Canada. See reference in note no. 21.

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38. In the 2006 Census, 35% of First Nations children living off reserve (aged 14 and under) were in a family with a lone-parent female compared with 6% who were headed by a lone-parent male. Among the non-Aboriginal population, 14% of non-Aboriginal children were raised by lone-parent females compared with 3% raised by lone-parent males. Source: Statistics Canada. 2006 Census: Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census: Findings. See reference in note no. 8.

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42. From 2004 to 2008, there were 1,210 deaths in the Inuit regions. Of those, 123 were caused by lung cancer and 136 by respiratory diseases. Source: Statistics Canada. Table 102-0407: Mortality, by selected causes of death (ICD-10) and sex, five-year average, Canada and Inuit regions. *CANSIM*. 2010. Available at: http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1020704&paSer=&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid=. Accessed December 10, 2012.

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Appendix 1

List of Health Indicators by Aboriginal and non-Aboriginal populations

Health Indicator	First Nations Off reserve	Métis	Inuit	Non-Aboriginal
		percent		
General Health				
Perceived health, very good or excellent	50*	54*	55*	63
Perceived health, fair or poor	16*	13*	8	9
Perceived mental health, very good or excellent	66*	67*	65*	75
Perceived mental health, fair or poor	8*	8*	5E	5
Life satisfaction, satisfied or very satisfied	89*	90*	92	93
Perceived life stress, quite a lot (15 years and over)	24	25	19	23
Participation and activity limitation, sometimes or often	33*	33*	30	26
Chronic conditions				
One or more chronic conditions	56*	55*	43	48
Arthritis	14*	14*	10E	12
Asthma	14*	13*	14E	9
Diabetes	6*	4	2E*	4
High blood pressure	9*	9*	7*	12
Mood disorder	12*	10*	5E	6
Respiratory problems	15*	15*	15E	10
High blood pressure, heart disease, or suffering from effects of stroke	11*	10*	9E	14
Pain or discomfort, moderate or severe	14*	14*	9E	10
Pain or discomfort that prevents activities	15*	16*	11	10
Health behaviours				
Influenza immunization, less than one year ago	27	22*	31	27
Breastfeeding initiation	82*	78*	77*	88
Exclusive breastfeeding (at least 6 months)	19	14*	26E	25
Current smoker, daily or occasional	40*	36*	48*	21
Current smoker, daily	32*	30*	39*	15
Five or more drinks on one occasion (at least once a month in the past year)	26*	27*	26*	19
Never had any alcoholic drinks in the past 12 months	29*	23	34*	24
Fruit and vegetable consumption (5 times or more per day)	36*	39*	27*	45
Physically active during leisure time, moderately active or active	56*	61*	51	54
Physically inactive during leisure time	44*	39*	49	46
Contact with a medical doctor (in the past 12 months)	74*	76	62*	78
Has a regular medical doctor	78*	80*	44*	83
Obese (18 years and over)	26*	22*	26*	16
Overweight (18 years and over)	31	32	32	32
Overweight or obese (18 years and over)	57*	54*	58*	48
Overweight or obese (12 to 17 years)	26*	28*	25E	19
Exposure to second-hand smoke				
In vehicles and/or public places (in the past month)	25*	31*	24E	17
At home	15*	16*	17E*	7
In public places (in the past month)	15*	18*	13E	12
In vehicles (in the past month)	16*	20*	18E*	9
Other				
Sense of belonging to local community, somewhat strong or very strong	63	63	81*	65
Food Insecurity	22*	15*	27*	7

E use with caution
* significantly different from reference category ($p < 0.05$). For this table, the reference category is "Non-Aboriginal"

Notes:

1. The Aboriginal population is younger than the non-Aboriginal population. To account for this, the data were age standardized to the Aboriginal identity population 2007-2010.
2. The survey does not capture all diagnosed chronic conditions. Certain diagnosed chronic conditions are not shown because their prevalences were too low or the data were not collected in the survey.
3. Inuit data do not include Nunavik and some remote communities.

Source: Canadian Community Health Survey, combined 2007 to 2010 cycles. Please refer to CANSIM tables 105-0512 and 105-0513 (age standardized).